Camp v. South Central Regional Jail 2:19-cv-00335

				2:19-cv-003	35	
Porja	r Stown	UNITED S	STATES DIST	TRICT COURT WEST VIRGINIA	71455	
Jan 1	Javra	no Stady	ely	# 348484	9	
A C	) ere	my Camp		#3536754	OCT -	
	fool	The Hoover TI		355-4933		2018
	ke ž	oled I		35162117	RORY L. PERRY U.S. District Southern District of	II, CLERK Court West Virginia
		ve the full name of the plant in this action).	aintiff	(Inmate Reg. # of e	ach Plaintiff)	
VE	RSUS		CIVIL A	CTION NO. 2:18-cs	<b>7–1335</b>	
			(Number	to be assigned by Court	)	
5	oth G	Hal Keg JAil	/			
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		e the full name of the dej ts in this action)	fendant			
			COMPLAIN	<u>TT</u>		
I.	Prev	ious Lawsuits				
	A.			e or federal court dealing rise relating to your imp		
		Yes	No			

If your answer to A is yes, describe each lawsuit in the space below. (If there

В.

	is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).			
	1.	Parties to this previous lawsuit:		
,		Plaintiffs:		
		Defendants:		
	2.	Court (if federal court, name the district; if state court, name the county);		
	3.	Docket Number:		
	4.	Name of judge to whom case was assigned:		
	5.	Disposition (for example: Was the case dismissed? Was it appealed?		
		Is it still pending?		
	6.	Approximate date of filing lawsuit:		
	7.	Approximate date of disposition:		
		representate date of disposition:		

II.	Pla	ce of Present Confinement: SCRS
	A.	Is there a prisoner grievance procedure in this institution?
		Yes No
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes No
	C.	If you answer is YES:
		1. What steps did you take? pot a Grievance in.
		2. What was the result? No response
	D.	If your answer is NO, explain why not:
III.	Part	ies
	and	tem A below, place your name and inmate registration number in the first blank place your present address in the second blank. Do the same for additional stiffs, if any.)
	A.	Name of Plaintiff: Joseph Lobots III #3516277
		Address: 509 vine St South Charlecton wy 25000
	В.	Additional Plaintiff(s) and Address(es):
		5 Don LANE White Plains NY 10607
Alen	y Car	PHIS BAYCOR CANE CHAS, UD 25312

	C.	Defendant: is employed as: at
]	D.	
1	D.	at
]	D.	
		Additional defendants:
		·
IV. S	Statem	ent of Claim
i n n	s invol ot giv umbe	lived. Include also the names of other persons involved, dates and places. Do e any legal arguments or cite any cases or statutes. If you intend to allege a rof related claims, set forth each claim in a separate paragraph. (Use as much s you need. Attach extra sheets if necessary.)
<u>L</u>	Escl	Hoover, Black mold is everywhere, where
We	Sle	Hove, Black mold is everywhere, where ep, where we shower, where we work
74.5	00	Everything + more is doing Athing.
		// 6V
IQ	હાસ્ય	THE CAUSING ME TO COUGH CONSTANTLY
,	M.00	LO CAUSTALL ME TO COULCH CANTERITY

AND STAY STUFFY TON THE NOSE

IV. Statement of Claim (continued):	
why do we have to live in a unsanitary	
environment with Black mold on every until including	7
the cell wall's and the Shower walls also in the Kitcher	
Also every Kind of of hep ABC is aron a outbred	
right now and we can't even get bleach or clearing	
Supplys on a regular basis. Think the mold could	
be causing me to have shortness of breath.	
V. Relief	
State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.	,
Justice	

V.	Reli	Relief (continued)):				
·						
. / F T		•				
VII.	Cou A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:				
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?				
		Yes No  If so, state the name(s) and address(es) of each lawyer contacted:				
		If not, state your reasons:				
	C.	Have you previously had a lawyer representing you in a civil action in this court?				
		Yes No				

If so, state the lawyer's name and address:
Signed this 16th day of Sept ,2018.  Solar Strangle 3571755  William Charles The Hoover The Signature of Plaintiffs
I declare under penalty of perjury that the foregoing is true and correct.  Executed on 9/16/18
(Date)
Signature of Movant/Plaintiff
Signature of Attorney (if any)



CHARLESTON WAY 22

Clerk United States District Court P.O. Box 2546 Charleston, Mest Mrsinia 25349

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1001 Cartre Way Charleston W.V. 25309 EARIN. HOOVER III

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